

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-375)

SERIAL NO.

**097890585**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1						51					
2		1					52					
3		2		1			53					
4		6		1			54					
5		6		1			55					
6		6		1			56					
7		6		1			57					
8		6		1			58					
9		6		1			59					
10		6		1			60					
11							61					
12							62					
13							63					
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41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1						TOTAL IND.					
TOTAL DEP.		9					TOTAL DEP.					
TOTAL CLAIMS		10					TOTAL CLAIMS					